

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Maine

Citation  
42 CFR 447.45 (c)  
AT-79-50

4.19(e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN # 79-20  
Supersedes  
TN # \_\_\_\_\_

Approval Date 11/5/79

Effective Date 8/23/79

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62

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: Maine

Citation

42 CFR 447.15

AT-78-90

AT-80-34

48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

TN No. 82-06  
Supersedes  
TN No. 83-14

Approval Date 6 OCT 1987

Effective Date 1 JUL 1987

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Maine

Citation  
42 CFR 447.201  
42 CFR 447.202  
AT-78-90

4.19(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

TN # 79-26  
Supersedes  
TN # \_\_\_\_\_

Approval Date 11/5/79

Effective Date 7/23/79

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Revision: HCFA-AT-80-60 (BPP)  
August 12, 1980

State                      Maine

80-13

Citation  
42 CFR 447.201  
42 CFR 447.203  
AT-78-90

4.19(h) The Medicaid agency meets the requirements  
of 42 CFR 447.203 for documentation and  
availability of payment rates.

TN # 80-13  
Supersedes  
TN #                     

Approval Date 9/23/80

Effective Date

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State                      Maine                     

<u>Citation</u> 42 CFR 447.201 42 CFR 447.204 AT-78-90	4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.
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TN # 79-20  
Supersedes  
TN #                     

Approval Date 11/2/79

Effective Date 1/24/79

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No.: 0938-

State: Maine

Citation

42 CFR  
447.201  
and 447.205

4.19 (j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(v) of the  
Act

(k) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

TN No. 91-14  
Supersedes  
TN No. 89-10

Approval Date MAR 26 1992 Effective Date OCT 01 1991

Revision: HCFA-AT-81-34 (BPP)

10-81

State MAINE

Citation  
42 CFR 447.342  
46 FR 42669

4.19(k)

Payments to Physicians for  
Clinical Laboratory Services

For services performed by an outside laboratory for a physician who bills for the service, payment does not exceed the amount that would be authorized under Medicare in accordance with 42 CFR 405.515(b), (c) and (d).

☐ Yes

☒ Not applicable. The Medicaid agency does not allow payment under the plan to physicians for outside laboratory services.

TN # 81-11  
Supersedes  
TN # \_\_\_\_\_

Approval Date 11/24/81Effective Date 7-1-81

1981

Revision: HCFA-PM-92-7 (MB)  
October 1992

OFFICIAL

State/Territory: Maine

Citation

1903(i)(14)  
of the Act

4.19(1)

The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

TN No. 93-1  
Supersedes  
TN No. \_\_\_\_\_

Approval Date MAY 24 1993 Effective Date 11/93



**OFFICIAL**Revision: HCFA-PM-94-8  
October 1994

(MB)

State/Territory:

Maine

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928 (c) (2) (i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928 (c) (2) (C) (ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(C) (ii) of  
the Act

(ii) The State:

\_\_\_ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

\_\_\_ ~~is~~ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

X sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

\_\_\_ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

\$5.00

1926 of (iii) Medicaid beneficiary access to immunizations is assured through the following  
the Act through the following methodology:

Maine is a Universal Distribution State

TN No. 94-008

Supersedes

TN No. —Approval Date 1/25/95Effective Date October 1, 1994